



February 2004

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LATE BREAKING NEWS

Greetings!

HCAP NATIONAL GRANTEE MEETING: We would like to thank all of the grantees who helped to make the national meeting a success. Through your participation in breakout sessions, submitting videos, facilitating breakout sessions, participating in the grantee product showcase, and organizing and facilitating regional and informational meetings, your fellow grantees were able to learn from the experts about the exciting work that is being accomplished across the country.

STAFF UPDATE: The Healthy Communities Access Program would like to congratulate Susan Lumsden, our former Branch Chief, on her new position as the Branch Chief of the Training and Technical Assistance Branch (TTAB), in the Division of State and Community Assistance. We look forward to working closely with Susan and TTAB and wish her all the best in her new position. We would like to welcome Dr. Barbara Bailey to the Division of State and Community Assistance as the new Branch Chief for the Health Care Systems Branch. Prior to this assignment, Dr. Bailey served as the Acting Branch Chief of the Northern Operations Branch of the Division of Health Center Management for approximately nine months, and as the Chief of the Policy Assistance and Development Branch of the Division of Community and Migrant Health for over four years. Dr. Bailey brings with her a vast amount of knowledge and experience including working in the HRSA Field Offices for many years. We look forward to having Dr. Bailey as the leader of our HCAP team.

CHANGE IN TA CONTRACT: As many of you know, the TA contract that we use is currently being changed from the Management Assistance Corporation (MAC) to Management Solutions Consulting Group, Inc (MSCG). Our new contact will now be Latonya Dunlow. Latonya can be contacted at 301-577-3100 or via email at ldunlow@mscginc.com. **All grantees should continue to submit TA requests as usual through the grantee website** and contact their project officer with any questions regarding the status of existing TA requests. If grantees have additional questions regarding existing TA scheduled **prior to January 31st** may contact Shandy Campbell at scampbell@mac1988.com or call 301-468-6006 x437.

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PEER TO PEER REQUEST: The Maine Health Alliance, which is a new grantee serving the five most northern (and rural) counties in Maine, is seeking information on the experiences of other grantees who are utilizing e-prescribing tools. They are interested in their 335 dispersed physicians having evidence-based prescribing information as well as local cost and formulary information at the time of each patient visit. If any HCAP community can offer assistance or advice, please contact Nancy Morris by phone at 207-799-1090 or by email at nmtmha@aol.com.

PEER TO PEER REQUEST: Have you moved beyond a Memorandum of Understanding (MOU) with your consortium partners? The Wellness Coalition of Southwest New Mexico, a new grantee, is looking for documents that move relationships with consortium partners beyond the level of an MOU to a contract. If you have such a document, please contact: rconnoley@wellnesscoalition.org.

Thanks!
Amanda & Diana

CAP TA CALLS

Technical assistance calls for grantees are generally held every other Thursday from 2 to 3 PM EST. The schedule for February and March appears below. To register, search for summaries or materials from prior calls, or download materials for upcoming calls, please go to the grantee website:

www.capcommunity.hrsa.gov. Please remember that the site is password protected. Grantees should contact their primary contact to receive the password. Once you register for the call, please be sure to download the materials that will be used during the call. You should immediately receive a confirmation note by email that includes the call-in number for the call. If you have difficulty registering or do not receive the call-in number, please contact Shandy Campbell at scampbell@mac1988.com or call 301-468-6006 x437 for the February 19th call only. **Please note: For future TA calls, contact Latonya Dunlow at ldunlow@mscginc.com or call 301-577-3100.**

CAP TA Calls

Date	Topic
February 19 th	Return on Investment Further details to be announced via email and on the grantee website.
March 4 th	Innovative Pharmacy Solutions for Your HCAP Further details to be announced via email and on the grantee website.
March 18 th	Measuring Collaboration Further details to be announced via email and on the grantee website.

With the exception of calls related to legal issues, TA calls are summarized and posted on the grantee website (www.capcommunity.hrsa.gov). Legal issue briefs are posted on the site under legal issues. You may also request an audiotape copy of any previous calls (up to one month after the call) by contacting Shandy Campbell for the February 19th call and Latonya Dunlow for future TA calls at the email above.

Hope Medical Outreach Coalition*Omaha, Nebraska*

Congratulations to Andrea Skolkin, Executive Director of Hope Medical Outreach Coalition in Omaha, Nebraska, who has recently been appointed Chair of the Nebraska Health Insurance Policy Coalition by Governor Mike Johanns. The purpose of the Coalition is to analyze the characteristics of the uninsured population in Nebraska and develop realistic strategies for expanding health insurance coverage and improving access to high quality health care services. The Coalition committee consists of 25 members, including state legislators and representatives from public and private organizations.

Ms. Skolkin has been the Executive Director for Hope Medical since 2000. Hope links thousands of low-income uninsured individuals to a full array of health services (primary, specialty and tertiary care) provided by volunteer medical and dental providers. The Hope Network includes twenty-two partners, three federally qualified health centers and four other health clinics. Together they provide primary care augmented by volunteers, and brokerage of specialty and surgical care for low-income uninsured individuals to all of the area's health systems, hospitals, safety net health centers and 500+ providers. Training and a payer resource guide for patient screening, interpreters and transportation are provided to area health systems, health centers and clinics. A bi-lingual comprehensive pharmacy opened in June 2002 as well as development of technology to support the entire network. A vision and eyeglass program and behavioral health services are in the development stage. HCAP funds have been instrumental in the development of this health network.

Ms Skolkin, in addition to the appointment as Chair of the Nebraska Health Insurance Policy Coalition, also was accepted as a 2003-2004 fellow in the Creating Healthier Communities Fellowship program, as well as a nominee for the Mary Lucretia and Sarah Emily Creighton Award that recognizes women in the Omaha community who have significantly ministered to the poor. For more information about this program, please contact Andrea Skolkin at askolkin@hopemed.us.

Muskegon Community Health Project*Muskegon, Michigan*

Congratulations to Access Health, whose "Three-Share Model" was recognized in an article in the *Wall Street Journal* that examined state and local efforts to provide health coverage to the uninsured. The Access Health "Three-Share Model" was also featured in Michigan Governor Jennifer Granholm's State of the State address on January 27th, 2004, sighting it as a model that could be copied in Michigan for delivering low-cost health coverage to Michigan's small businesses. Governor Granholm followed up the address by visiting the Wee Care Child Care Center in Muskegon the next morning, taking a first-hand look at Access Health and interviewing several participants of the program.

Access Health was developed and implemented with a grant from the WK Kellogg Foundation in 1999 by the Muskegon Community Health Project. It provides low-cost comprehensive medical coverage to small businesses in Muskegon County, Michigan. The program utilizes the "Three-Share Model" that allows the employer to pay 1/3, the employee to pay 1/3, and a community fund to pay 1/3. Access Health serves over 400 businesses in Muskegon with over 1,000 participants enrolled. The Muskegon Community Health Project is a 2002 HCAP awardee continuing the collaborative movement to reduce disparities and improve access to care in Muskegon County.

The "Three-Share" model has been modified in other communities in the U.S. and many HCAP communities are considering or beginning its implementation. For more information, contact Vondie Woodbury of the Muskegon Community Health Project at (231) 728-3201 or via email at vwoodbury@mchp.org.

Southeast Kentucky Community Access Program (SKYCAP)*Hazard, Kentucky*

Congratulations to SKYCAP, honored by HHS Secretary Tommy G. Thompson as one of eight winners of the first Innovation in Prevention Awards to highlight businesses and organizations that are leading efforts to promote healthy lifestyles in their communities.

The awards, part of President Bush's *HealthierUS* initiative and Secretary Thompson's ongoing emphasis on preventive health, recognized organizations in seven categories that have implemented innovative and creative chronic disease health promotion and prevention programs. "These awardees go above and beyond the call of duty to promote healthy lifestyles in their communities," Secretary Thompson said. "We are working from coast to coast to build a healthier, stronger America, and these efforts start at the local level. To promote healthier lifestyles, we need to reach Americans in the places they work, play and go to school. We have no better partners than these eight organizations." To be considered, a program had to address one or more of the following categories of chronic diseases and underlying behavioral risk factors: asthma, cancer, diabetes, heart disease and stroke, obesity, physical activity, poor nutrition, and tobacco use. SKYCAP was honored in the category of Health Care Delivery System.

SKYCAP hires and trains "patient navigators" who break down barriers to care for uninsured and underinsured rural families. These families are disproportionately affected by chronic diseases such as asthma, diabetes, heart disease, and hypertension, along with others such as cancer and mental illness. In the first three years of the program, the navigators helped more than 9,000 patients get access to over 87,000 services, including primary care visits, dental, pharmaceuticals, medical supplies, social, housing needs, transportation and most important, education on disease management and prevention. In the participating areas, there has been a 95 percent reduction in heart disease-related emergency room visits, an 87 percent reduction in heart disease-related hospital visits, and a 75 percent reduction in annual cost of hospitalization since the program was implemented. For more information on SKYCAP, please contact Fran Feltner at (606) 439-3557 or via email at fjfeltn@pop.uky.edu.

GRANT OPPORTUNITIES AND AWARDS

Ending Youth Violence

Deadline: February 17, 2004

Fiscal year (FY) 2004 funds are available for a cooperative agreement program for the evaluation of community-level interventions to reduce youth violence. The program is sponsored by the CDC's Youth Violence Prevention Through Community-Level Change program, which addresses the "Healthy People 2010" focus area of Injury and Violence Prevention.

Approximately \$1,000,000 is available to fund two awards to public and private non-profit and for-profit organizations and by governments and their agencies. Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Injury Prevention and Control (NCIPC): Conduct a targeted program of research to

reduce injury-related death and disability. For more information, go to <http://www.cdc.gov/od/pgo/funding/04054.htm>.

RGK Foundation Awards

Deadline: Rolling

The RGK Foundation awards grants for programs that promote the health and well-being of children and families. Grants typically range from several thousand to \$150,000. While applications are accepted on an ongoing basis, the committee reviews applications for more than \$50,000 only four times a year. Interested applicants can complete an electronic letter of inquiry from the RGK website. If interested, RGK will contact you within three weeks, inviting you to submit a formal proposal. Visit <http://www.rgkfoundation.org/guidelines.php> for more information.

CONFERENCES, PROGRAMS, AND OTHER NEWS

Volunteers in Health Care Teleworkshop

February 25th, 2pm Eastern Time

The following VIH Teleworkshop, *Medicare Drug Benefits: What's Next for Low-Income Beneficiaries?*, may be of interest to grantees. This teleworkshop will be a dialogue with pharmacists, community organizations, Pfizer and AstraZeneca about the impact of the Medicare Reform Bill on the structure of patient assistance programs, discount cards, and other strategies for providing medication assistance to Medicare recipients. In this workshop, participants will learn about the prescription access component to Medicare, how one community is currently providing services to low-income seniors, how Medicare may change existing services, and the impact of Medicare pharmaceutical changes to pharmaceutical companies' patient assistance programs. The cost to participate in the teleworkshop is \$50 per registrant. To register for the call, please visit the VIH website at <http://www.volunteersinhealthcare.org> to complete the registration form. Registrations and payment must be received by February 24, 2004. For more information, please contact Volunteers in Health Care at: 877-844-8442.

Third Party Reimbursement Training & Technical Assistance

March 18-19, 2004, Decatur, GA

The Third Party Reimbursement Training & Technical Assistance program is sponsored by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. The next training will be held in Decatur (Atlanta), GA on March 18-19, 2004. It is one of a series of training opportunities that is being offered in each state. The training is designed to help improve third party revenues for organizations that receive grant funds directly from HRSA (i.e. HRSA grantees) and organizations receiving funds through State and local agencies that are supplemented with HRSA grant dollars (i.e. HRSA subgrantees). This effort will assist HRSA grantees and subgrantees to increase revenues for services provided to vulnerable populations currently eligible for reimbursement

from third party sources including private insurance, Medicaid, the State Children's Health Insurance Plan, and Medicare. The effect will be that HRSA grants funds can be used to a greater extent for the most vulnerable populations who have no source of health insurance. There is no registration fee for the training.

Additional information and ON-LINE REGISTRATION is available through the program website at: <http://www.hrsa.gov/tpr>. The upcoming training schedule is available at: <http://www.hrsa.gov/tpr/schedule-registration.htm>.

Return On Community Investment (ROCI) Learning Institute

March 23-24, Chicago, IL

Communities Joined in Action presents an in-depth look at the newest strategy for sustainable health care delivery systems serving the uninsured and underserved populations. ROCI Institute participants will learn the methods and practices community leaders use in local public and private sector coalitions to demonstrate the return on this investment. A classroom setting provides a more intensive learning atmosphere, but also limits the number of participants so that everyone can come away with a one-on-one experience. For more information visit: <http://www.cjaonline.net/events/roci.htm>.

Quality Health Care for Culturally Diverse Populations

September 28 - October 1, 2004, Washington, DC

The Fourth National Conference on Quality Health Care for Culturally Diverse Populations will be held in Washington, DC, September 28 - October 1, 2004. The objectives of the Conference are to showcase the best of culturally competent health care to national health organizations and leaders, share expertise to advance promising interventions, and develop partnerships to improve access to effective care for all Americans. Priority Consideration will be given to proposals received before March 15, 2004. For more information, visit: <http://www.diversityrx.org/CCCONF/04/>.

Experts Discuss Role of IT in Improving Care

At a Commonwealth Fund sponsored event, "How Information Technology Can Improve Health Care Quality," government and industry leaders highlighted a number of private and public health systems and agencies that have either implemented state-of-the-art health information systems or are working toward that goal, but noted that health care systems and government need to do much more to encourage and support broader adoption of such models. For more information on this event, visit: http://www.cmf.org/programs/quality/roleofit_2ndpg.asp. To read, download, or order other reports from The Commonwealth Fund visit: <http://www.cmf.org/>.

HHS to Help States Offset Costs of Insurance for High-Risk Residents

HHS Secretary Tommy G. Thompson recently announced awards of nearly \$30 million in grants to 16 states that provide health insurance to residents who cannot get conventional health coverage because they are too sick. The grants will be used by the states to offset losses that they incurred in the operation of high-risk pools, which are typically state-created non-profit associations that offer health coverage to individuals with serious medical conditions. Enrollment in these pools is growing, with more than 172,000 individuals enrolled in state pools. The 16 states that received grants are as follows: Alaska, Arkansas, Colorado, Connecticut, Illinois, Indiana, Iowa, Kansas, Kentucky, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, North Dakota, and Oklahoma. Information about this new program and how states may apply for a grant are included in the interim final rule published May 2, 2003 in the Federal Register. More information about risk pools is available at <http://www.cms.hhs.gov/riskpool>.

The Numbers of Uninsured in Large Firms Rises Sharply

A recent Commonwealth Fund report titled, "The Growing Share of Uninsured Workers Employed by Large Firms," found that large firms employed 32 percent of workers lacking health coverage in 2001, up from 25 percent in 1987. As of 2001, more than one of four of the nation's uninsured, or some 10 million Americans, worked for firms with 500 or more employees or were dependents of those workers. These findings are particularly troubling given that big companies have traditionally been the businesses most likely to offer health benefits to their employees. The researchers also found that uninsured rates at large businesses are three times higher for low-income workers (below 200 percent of the poverty level) than for middle- or higher-income employees. To view the full report, visit: http://www.cmf.org/programs/insurance/glied_largefirms_672.pdf

Data Profiles on Chronic Conditions

The Center on an Aging Society has just released the last in a series of twelve Data Profiles on chronic and disabling conditions. *Multiple Chronic Conditions: A challenge for the 21st century*, confirms that people with chronic conditions face challenges that permeate many aspects of their daily lives and that those with multiple conditions are affected to a greater extent. Multiple chronic conditions are more prevalent among older people. As the U.S. population ages, the impact of chronic conditions on daily life will likely be even greater. The Data Profile is available at: <http://ihcrp.georgetown.edu/agingociety/pubhtml/multiple/multiple.html>

WEB RESOURCES

One-Stop Shopping For Federal Grants

The U.S. Department of Health and Human Services (HHS) has a new, single, comprehensive website that will contain information about finding and applying for all federal grant programs. The website, <http://www.grants.gov>, makes it easier for organizations to learn about and apply for federal grants. This will provide a single government-wide source for information about grants programs across the federal government. HHS awards more than half of all the competitive grants across the federal government. HHS led the development of the cross-agency website, which now has information about more than 800 available grant programs involving all 26 federal grant-making agencies. The site also contains an "Apply for Grants" feature that greatly simplifies the application process. More information about the site is available at <http://www.grants.gov>.

The Public Health Foundation (PHF) Announces New Website

PHF has created a new website, the Public Health Infrastructure Resource Center (PHIRC). This searchable site is a gateway to information about the infrastructure of public health systems that protect the public's health. PHIRC provides those wanting to strengthen public health systems with information on the three core areas of infrastructure as defined by the CDC: the

public health workforce; information, data, and communication systems; and organizational and systems capacity. Other sections include Learning Resources, What's New?, and a special Bioterrorism Preparedness infrastructure section. The site is funded by the Public Health Foundation and the Public Health Practice Program Office, Centers for Disease Control and Prevention. To access this new exciting site, visit: <http://www.phf.org/infrastructure>.

Health Literacy Fact Sheets

The Center for Health Care Strategies is an organization that promotes high quality health care services for low-income populations and people with chronic illnesses and disabilities through training, technical assistance, and grant making to state purchasers of publicly financed health care, health plans, and consumer groups. They have recently updated their fact sheets that cover various aspects of health literacy. Each of these Fact Sheets covers an important aspect of health literacy. The Center for Health Care Strategies prepared these fact sheets in 1997 (revised in 2003). Since then, the number of publications on health literacy has grown exponentially and the issue is now being incorporated into the federal health policy agenda. The production of this series was made possible by funding from The Commonwealth Fund and Pfizer, Inc. To access these fact sheets, please visit:

<http://www.chcs.org/resource/hl.html>